

**CONTINUOUS  
RECRUITMENT**

Please return application &  
supplemental questionnaire in  
person or by U.S. Mail with a  
postmark on or before:

**CONTINUOUS  
RECRUITMENT  
2004**

**City-County Employment Office**

Your Telephone # \_\_\_\_\_ Date: \_\_\_\_\_

**CORRECTIONAL OFFICER  
Lancaster County Corrections Intake & Detention/LCF  
Req. #04-001  
SUPPLEMENTAL QUESTIONNAIRE**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

**PLEASE READ BEFORE COMPLETING:**

**The information** you provide on this form will be used to further evaluate your training and experience as it relates to the position(s) for which you are applying. Be certain to include: paid employment, military history, volunteer experience, and any educational training and/or experience. **NOTE:** Please make certain that all employment history and education mentioned on this supplemental questionnaire also appear on your application. We screen all applications based upon the information **you, the applicant**, provide on these documents only. We do not refer to resumes.

**This questionnaire** is a supplement to your application and is made a part thereof and subject to all terms and conditions noted on the Application for Employment. Remember, you are responsible for the completeness and accuracy of this form as well as the application. Incomplete or omitted information on either of the documents could result in you, the applicant, not receiving full credit for your experience. So please, be as detailed as possible.

**CRIMINAL HISTORY CHECKS WILL BE MADE ON THE TOP APPLICANTS.**

**NOTE:** Please indicate below the position(s) for which you are interested.

\_\_\_\_\_ **FULL TIME**                      \_\_\_\_\_ **ON-CALL**

1. Are you 19 years of age or older? YES \_\_\_\_\_ NO \_\_\_\_\_  
(Required per State Jail Standards 003.01B)
2. If hired, you will be required to work any of three shifts. All shift positions in the Corrections Department will be open for bid on an annual basis commencing in September of each year. Any vacancies or other changes in shift assignments will be accomplished as described in the Corrections Department policy. The Administration reserves the right to make changes in assignments, if necessary, for the efficient functioning of the Department.
3. Can you lift and carry 40 lbs? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Can you run 150 feet to subdue inmates involved in an altercation? YES \_\_\_\_\_ NO \_\_\_\_\_

**(CONTINUED ON REVERSE)**

5. "X" the column that best describes your working experience:

	<u>No</u> <u>Experience</u>	<u>Under</u> <u>6 mos</u> <u>Exp.</u>	<u>Over</u> <u>6 mos</u> <u>Exp.</u>	<u>Employer(s)</u>
a) Supervised incarcerated individuals	_____	_____	_____	_____ _____
b) Experience as a counselor	_____	_____	_____	_____ _____
c) Experience in law enforcement	_____	_____	_____	_____ _____
d) Law enforcement or corrections experience in the military	_____	_____	_____	_____ _____
e) Other related security type experience	_____	_____	_____	_____ _____
f) Volunteer experience working with incarcerated individuals	_____	_____	_____	_____ _____
g) Computer experience	_____	_____	_____	_____ _____

6. Please indicate if you have completed college level course work in the following areas?

	<u>Course Work</u> <u>(# of credit hours)</u>	<u>AA or 2yrs</u> <u>Course Work</u>	<u>BA/BS</u>
a) Criminal Justice	_____	_____	_____
b) Psychology	_____	_____	_____
c) Sociology	_____	_____	_____
d) Social Work	_____	_____	_____
e) Human Services	_____	_____	_____
f) Other related field _____ (specify)	_____	_____	_____

(CONTINUED ON NEXT PAGE)

7. What types of records have you maintained?


8. What types of written reports have you prepared?


9. If you have experience in a security related position, were you responsible for:

	<u>("X")</u>	<u>Employer(s)</u>
a) Distributing meals	_____	_____
b) Distributing medications	_____	_____
c) Distributing mail	_____	_____
d) Completing paperwork for the book-in process	_____	_____
e) Working in a minimum or maximum security facility	_____	_____
f) Processing the transfers of incarcerated individuals	_____	_____
10. a) Are you fluent in Spanish?	<u>YES</u>	<u>NO</u>
Read	_____	_____
Speak	_____	_____
b) Are you fluent in Vietnamese?		
Read	_____	_____
Speak	_____	_____
c) Other? _____		
(Please specify)		
Read	_____	_____
Speak	_____	_____

(CONTINUED ON REVERSE)

11. CRIMINAL HISTORY CHECKS will be conducted on the top applicants. In order to perform such checks, the Lincoln the Police Department requires the following information.

***I understand that criminal history checks will be conducted on the candidates and I agree to provide the following information:*** \_\_\_\_\_

(Please initial)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Maiden Name (if applicable)

**IMPORTANT – PLEASE NOTE POLICY BELOW:**

I understand that **ALL** convictions for any law violation (i.e., DUI, shoplifting, minor in possession, reckless driving, etc.) other than a minor traffic violation (i.e., parking ticket, speeding ticket), including convictions that have been “set aside”, “probationed” or “pardoned”, must be listed on the front of the application form or on an attached sheet. Consideration is given to the offense and its relationship to the position for which you are applying. **Failure to list convictions will be considered to be falsification of your application and result in automatic rejection.** [Lancaster County Personnel Rules 5.4(c) and Lincoln Municipal Code 2.76.230(d)]

**I UNDERSTAND THAT THIS POSITION IS SUBJECT TO MANDATORY DRUG TESTING POLICIES AS A CONDITION OF EMPLOYMENT.**

YES \_\_\_\_ NO \_\_\_\_

12. **VERIFICATION OF DRIVER'S LICENSE FOR EMPLOYEES**

**I understand,** as a condition of my employment for the position for which I am applying with the City of Lincoln/Lancaster County, that I must at all times be legally licensed to operate a motor vehicle. I hereby certify that:

- a) \_\_\_\_ I am legally licensed to operate a motor vehicle in the State of Nebraska.

Nebraska License #: \_\_\_\_\_ Expires: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

- b) \_\_\_\_ I am legally licensed to operate a motor vehicle issued by another state.

State: \_\_\_\_ License #: \_\_\_\_\_ Expires: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

**I understand** state law requires operators possessing a driver's license from another state **must obtain a valid Nebraska Driver's license within 30 days of change of residence.**

(CONTINUED ON NEXT PAGE)

- c) **Further, I understand** that if my driving privileges and/or license is at any time suspended, revoked, impounded, or in any other way removed by the State of Nebraska, that I must notify my supervisor within 30 days of a conviction for any type of violation (except parking) which does not result in a loss of my driving privileges. Forms are available in each department.

**Further, I understand** that this document is an official City/County record, and that falsification of this document, or failure to report loss of driving privileges and/or license in the future is grounds for my being disciplined, if hired, or removed from the list of certified eligibles.

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Date

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Applicant Signature

13. Have you listed on the application form ALL jobs and education described on this questionnaire?

YES \_\_\_\_ NO \_\_\_\_

**NOTE: FAILURE TO LIST ALL JOBS AND/OR EDUCATION ON THE APPLICATION COULD BE CAUSE FOR REJECTION BASED ON INSUFFICIENT INFORMATION. A RESUME CANNOT BE USED AS A SUBSTITUTE. PLEASE CHECK YOUR APPLICATION AGAIN.**